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<p>(54) Title: <b>COLONIC DELIVERY OF WEAK ACID DRUGS</b></p> <p>(57) Abstract</p> <p>There is provided a controlled release formulation including an inner core comprising, or coated with, a drug, which drug possesses (a) a free acid group which can be converted into an alkali metal salt and (b) a pKa in the range 2.0 to 9.0, which inner core is subsequently coated with a rate-controlling membrane that determines drug release, wherein the drug is present as a salt that displays higher solubility at pH 4.5 to 8.0 than the corresponding compound containing a free acid group.</p>																															
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## COLONIC DELIVERY OF WEAK ACID DRUGS

This invention relates to novel controlled-release formulations of drugs with pKa values of between 2.0 and 9.0.

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Drugs that have weak basic functions and/or weak acid functions (i.e. those with pKa values of between 2.0 and 9.0) often have a low and/or variable solubility at pH values normally experienced in the colon (i.e. between 4.5 and 8.0). Consequently, if a drug is delivered to the colon for e.g. local 10 action, the dissolution of the drug from the tablet, pellet or capsule formulation can be extremely variable, resulting in unsatisfactory controlled release profiles.

Ridogrel ((E)-5-[[[3-pyridinyl[3-(trifluoromethyl)phenyl]methylene]amino]-oxy]pentanoic acid; Janssen Pharmaceutica, Belgium; see US patent 15 4,963,573) is an example of a drug in which such problems have been found to occur. Ridogrel is a development compound which has been indicated for use in the treatment of *inter alia* inflammatory bowel diseases including Crohn's disease and ulcerative colitis. The drug may be 20 administered orally in simple pharmaceutical formulations. However, it is anticipated that, if the drug could be delivered to the colonic region of the gastrointestinal tract in a slow release (rate-controlled) fashion, advantages would result. For example, delivery to the colon is likely to concentrate the drug at the required site of action and therefore prevent unwanted 25 absorption of the drug into the systemic circulation from the small intestine. Further, the controlled release nature of such a formulation is likely to provide good distribution of the drug to the various regions of the large intestine.

General methods for the site specific delivery of drugs to the large bowel have been described in the prior art, including the applicant's pending international patent application WO 95/35100, which discloses the coating of starch capsules with polymers that degrade or dissolve under the 5 conditions found within the different regions of the gastrointestinal tract. In this prior art document, a preferred system was disclosed as comprising a starch capsule coated with a mixture of methacrylate polymers. These polymers only dissolve at pH values above 4.5, thereby allowing a formulation to remain intact in the stomach. Upon entry into the small 10 intestine, the coating on the capsule begins to dissolve. By adjustment of the thickness of the coating of such formulations, it is possible for the capsule to reach the terminal ileum or ascending colon before releasing its contents.

15 Another granted patent (EP 513 035) describes how a similar effect can be achieved using polymers that are degraded specifically in the colonic environment due to the unique reducing conditions therein. Polymers based upon disulphide bonds have been shown to be effective both *in vitro* and *in vivo*.

20 Alternatively, compositions can be delivered to the colon using other known colon targeting systems. Some examples, which are not exhaustive, are as follows:

25 The Time Clock Release System™ (Pozzi *et al*, APV Course on Pulsatile Drug Delivery, Konigswinter, 20 May 1992) is a tablet system where a tablet core containing the active drug is coated with a layer of pharmaceutical excipients. The excipients hydrate causing the surface layer to burst at a set time. The Pulsincap™ system is an oral pulsatile delivery

system which may be configured to release its drug content at a predetermined time or place within the gastrointestinal tract. The device essentially consists of an impermeable capsule body which contains the drug, sealed at the neck orifice with a hydrogel plug. A normal gelatin cap is then placed onto the body of the device. After ingestion, the gelatin cap dissolves allowing the plug to hydrate. At a predetermined and controlled time, the swollen plug is ejected from the body of the device, thereby releasing the capsule contents and enabling the drug to be released (Wilding et al., Pharm. Res. 9, 654, 1992 and Binns et al., 3rd Eur. Symp. Control. Drug Del., Abstract Book, 1994, p124).

Another system which may be used is the time controlled explosion system, as described in US 4,871,549.

The problem to be solved in the case of the drug ridogrel and similar molecules (for example those which are weakly ionisable in nature, in particular those which are useful in the treatment of inflammation of the intestines and especially thromboxane synthase A<sub>2</sub> inhibitors and thromboxane A<sub>2</sub>/prostaglandin endoperoxide receptor antagonists such as those disclosed in US 4,963,573) is one of (a) achieving a controlled release formulation that will provide good distribution throughout the colon in order to optimise treatment of affected sites, and (b) for such release to be constant (i.e. as near to zero order as possible) and predictable (i.e. reproducible) over an extended period of time.

25

Controlled release formulations of drugs which target the colon in particular may also be useful for the systemic delivery of therapeutic agents as "once daily" products.

A variety of formulation principles have been disclosed in the prior art for the controlled release of drugs that are weak acids or weak bases. However, it has been found that, in order for a formulation to be distributed evenly at the target site, a multiparticulate pellet formulation is preferred.

5 Pellets may be formed by a number of different processes, all well known in the art, including extrusion and spheronisation, as well as the coating of the drug material onto preformed sugar spheres (also known as non-pariels). The drug can be coated onto non-pariels using techniques which are familiar to those skilled in the art. A controlled release layer may then be coated on 10 top of the drug layer so as to provide a diffusional barrier. Unfortunately, with drugs such as ridogrel, we have found that a simple diffusional barrier does not provide a satisfactory product. This is because ridogrel has weakly basic functions and a carboxylic acid function and the solubility of the drug in the colonic pH range (4.5 to 8.0) is therefore low, resulting in extremely 15 variable dissolution of the drug at such pH values. Thus, a simple formulation, wherein ridogrel is coated onto non-pariel beads, and then overcoated with a rate-controlling membrane, does not result in a formulation possessing a satisfactory release profile.

20 However, we have found, surprisingly, that it is possible to achieve a satisfactory formulation comprising drugs such as ridogrel by choosing, instead of the drug itself, an appropriate salt (e.g. alkali metal salt) that has pH independent solubility characteristics. The salt of the drug should be at least 10 times more soluble than the free acid form of the drug and, more 25 preferably, greater than 100 times more soluble, as measured in deionized water at the relevant pH range (i.e. 4.5 to 8.0) at 37°C. By "more soluble" we mean that the salt is more soluble over the entire pH range of 4.5 to 8.0. It is then found, surprisingly, that the coated pellet system gives an almost pH independent release profile under *in vitro* conditions as tested in the USP

type 2 dissolution apparatus (The United States Pharmacopoeia, USP23, 1994, page 1791-1793), for example as described hereinafter.

The pellet system comprising drug may be coated with a coating material (a rate controlling membrane). The nature and thickness of this coating material may be altered (for example as described hereinafter) to provide a controlled release formulation which will, for example, release the drug over a period of up to 5 hours or over a longer period of up to 12 hours. The present invention thus provides a controlled release formulation comprising an inner core containing, or coated with, a drug and subsequently coated with a rate-controlling membrane that determines drug release, of a drug that contains a weak acid function with a pKa in the range 2.0 to 9.0 (e.g. 3.0 to 9.0) that can be converted into an alkali metal salt wherein the drug is present as a salt that displays higher solubility at pH 4.5 to 8.0 (e.g. 5.0 to 7.0) than the corresponding compound containing a free acid group.

Thus, according to a first aspect of the invention, there is provided a controlled release formulation including an inner core comprising, or coated with, a drug, which drug possesses (a) a free acid group which can be converted into an alkali metal salt and (b) a pKa in the range 2.0 to 9.0 (e.g. 3.0 to 9.0), which inner core is subsequently coated with a rate-controlling membrane that determines drug release, wherein the drug is present as a salt that displays higher solubility at pH 4.5 to 8.0 (e.g. 5.0 to 7.0) than the corresponding compound containing a free acid group (referred to hereinafter as "the compositions according to the invention").

Drugs which may be employed in the compositions according to the invention include those which have a rapidly changing solubility in the pH

range 4.5 to 8.0 (i.e. the pH range found in the colon under normal conditions and/or those conditions reported to exist in acute conditions such as ulcerative colitis). Drugs which may be employed include ridogrel, other thromboxane synthase A<sub>2</sub> inhibitors and thromboxane A<sub>2</sub>/prostaglandin 5 endoperoxide receptor antagonists (such as those disclosed in US 4,963,573), and sodium cromoglycate. Particularly preferred drugs include ridogrel.

Suitable salts of the weak acid drugs include ammonium salts and 10 particularly alkali metal salts such as, but not limited to, sodium and potassium salts. Such salts may be prepared in accordance with techniques which are well known to those skilled in the art, including, in the case of alkali metal salts, dissolving the drug in a solution of the relevant hydroxide. For example, an excess of drug may be suspended in the 15 hydroxide solution and stirred for 24 hours. The suspended material may then be removed by filtration and centrifugation and the salt recovered from the filtrate by removal of the water (e.g. using a vacuum oven or by lyophilisation).

20 The salts may also be prepared as part of a preparation process for the coating of the inner cores. In this case, drug is dissolved in, for example, an appropriate hydroxide solution at a suitable concentration (e.g. 1M) and the pH is adjusted to about 8 by adding acid, such as 0.1M HCl. The salt solution may then be added to a solution of a binder (such as povidone) and 25 the pH adjusted to about 8 (again). This mixture may then be coated onto the inner cores using, for example, a spray coating apparatus. The pellets may, if necessary, be overcoated with a thin layer of plasticised HPMC, which may act as a "primer", in order to obtain a better coating. The inner cores may then be overcoated with the controlled release coating layer (rate-

controlling membrane), which may, for example, consist of Eudragit® RS30D, triethyl citrate and talc, and subsequently dried. The pellets may then be filled into capsules to be coated for delivery to the colon, or compressed into tablets which are then coated.

5

The inner core may comprise drug salt. Drug salt may be incorporated into the inner core during the manufacture of the latter, for example by extrusion/spheronisation.

10 Inner cores which may be employed in the compositions according to the invention include sugar spheres (non-pariels). Suitable sizes of inner cores which may be employed in the compositions according to the invention are in the range 0.3 to 5 mm.

15 In general, the preferred controlled release coating materials which may be employed in the rate-controlling membrane of the compositions according to the invention include those which form a water-insoluble but water-permeable layer and from which release of drug is by diffusion through the layer. By "water-insoluble" we mean "sparingly soluble" as defined in the  
20 British Pharmacopoeia (1988). By "water-permeable" we mean that at least 10% of water, held continuously in contact with the layer, will penetrate the layer within two hours (the degree of permeation may be measured in accordance with techniques which are well known to those skilled in the art). The coating polymer may be inherently water-permeable or become  
25 water-permeable through the incorporation of other additives such as plasticisers or pore forming agents. Suitable coating polymers include methacrylate copolymers, ethylcellulose, etc. Preferred coating materials are the permeable, water insoluble grades of pharmaceutical polymethacrylates (Eudragit® RL100, Eudragit RS100/RS30D, Eudragit

NE30D, Rohm Pharma, Darmstadt, Germany) and ethylcellulose. Eudragit RL100 and RS100 contain quaternary ammonium groups which may interact with ionised weakly acidic drugs and hence the most preferred coating materials are ethylcellulose and Eudragit NE30D. Ethylcellulose 5 may be applied as a solution in an organic solvent or as a proprietary water-based latex preparation (e.g. Aquacoat®, FMC, Philadelphia, USA or Surelease®, Colorcon, West Point, USA).

10 The thickness of the rate-controlling membrane required for use in the compositions according to the invention will depend on the permeability of the polymer to the drug in question and the duration of release required from the coated formulation. However, the amount employed will typically be in the range 2% w/w to 25% w/w of the formulation, or will be an amount to produce a thickness in the range 80  $\mu$ m to 300  $\mu$ m.

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The compositions according to the invention may be adapted to deliver therapeutic agent to the colonic region of the gastrointestinal tract, especially the proximal colon. Preferably, a means is provided to prevent release of drug until the formulation reaches the colonic region.

20

By "colonic region of the gastrointestinal tract" we mean the terminal ileum and the colon.

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The compositions according to the invention, may thus be filled into the various known delivery systems intended for targeting the colonic region, including those described above, and including the coated capsules described above. Alternatively, the compositions according to the invention may be further coated with an enteric layer that slowly dissolves within the small intestine to allow exposure of the rate-controlling membrane to the

liquid in the terminal ileum and/or the colon for subsequent release. In a similar fashion to the coated starch capsules disclosed in international patent application WO 95/35100, the coating may be an enteric polymer that dissolves in the small intestine or a polymeric or polysaccharide material that is not degraded until it meets the specific conditions found in the colon. Such degradation may be through direct chemical effect, e.g. the degradation of disulphide bonds under reducing conditions, or the degradation of polysaccharide materials under the effects of the microflora found within the colon.

10

Preferred coating materials for targeting to the colon, which may be used in capsules, tablets or pellets including the compositions according to the invention, are those which dissolve at pH of 4.5 or above. In this way, the coatings only begin to dissolve once they have left the stomach and have entered the small intestine. A thick layer of coating is thus preferably provided which will dissolve in about 2 to 5 hours, thereby allowing the capsule underneath to break-up only when it has reached the terminal ileum and/or the colon. Such a coating can be made from a variety of polymers such as cellulose acetate trimellitate (CAT), hydroxypropylmethyl cellulose phthalate (HPMCP), polyvinyl acetate phthalate (PVAP), cellulose acetate phthalate (CAP) and shellac, as described by Healy in his article "Enteric Coatings and Delayed Release", Chapter 7 in *Drug Delivery to the Gastrointestinal Tract*, eds. Hardy *et al*, Ellis Horwood, Chichester, 1989. For coatings of the polymers, a thickness of 150 to 300  $\mu\text{m}$  is suitable.

25

Especially preferred materials are methylmethacrylates or copolymers of methacrylic acid and methylmethacrylate. Such materials are available as Eudragit® enteric polymers (Rohm Pharma, Darmstadt, Germany; see above). These are copolymers of methacrylic acid and methylmethacrylate.

Preferred compositions are based on Eudragit L100 and Eudragit S100. Eudragit L100 dissolves at pH 6 and upwards and comprises 48.3% methacrylic acid units per g of dry substance; Eudragit S100 dissolves at pH 7 and upwards and comprises 29.2% methacrylic acid units per g of dry substance. Preferred coating compositions are based on Eudragit L100 and Eudragit S100 in the range 100 parts L100:0 parts S100 to 20 parts L100:80 parts S100. The most preferable range is 70 parts L100:30 parts S100 to 80 parts L100:20 parts S100. As the pH at which the coating begins to dissolve increases, the thickness necessary to achieve colon specific delivery decreases. For formulations where the ratio of Eudragit L100:S100 is high, a coat thickness of the order 150-200  $\mu\text{m}$  is preferable. This is equivalent to 70-110 mg of coating for a size 0 capsule. For coatings where the ratio Eudragit L100:S100 is low, a coat thickness of the order 80 to 120  $\mu\text{m}$  is preferable, which is equivalent to 30 to 60 mg coating for a size 0 capsule.

15

The colonic region has a large population of microbial anaerobic organisms providing reducing conditions. Thus, the coating may suitably comprise a material which is redox-sensitive. Such coatings may comprise azopolymers which may, for example, consist of a random copolymer of styrene and hydroxyethyl methacrylate, cross-linked with divinylazobenzene synthesised by free radical polymerisation (the azopolymer being broken down enzymatically and specifically in the colon), or disulphide polymers (see PCT/BE91/00006 and Van den Mooter, *Int. J. Pharm.* **87**, 37 (1992)).

25

Other materials which may be used to provide release in the colon include amylose. For example, a coating composition can be prepared by mixing amylose-butan-1-ol complex (glassy amylose) with Ethocel® aqueous dispersion (Milojevic *et al.*, *J. Control. Rel.*, **38**, 75 (1996)), or a coating formulation comprising an inner coating of glassy amylose and an outer

coating of cellulose or acrylic polymer material (Allwood *et al.*, GB9025373.3), calcium pectinate (Rubenstein *et al.*, Pharm. Res., 10, 258, (1993)), pectin, a polysaccharide which is totally degraded by colonic bacterial enzymes (Ashford *et al.*, Br. Pharm. Conference, 1992 Abstract 13), chondroitin sulphate (Rubenstein *et al.*, Pharm. Res. 9, 276, 1992) and resistant starches (Allwood *et al.*, PCT WO89/11269, 1989), dextran hydrogels (Hovgaard and Brøndsted, 3rd Eur. Symp. Control. Drug Del., Abstract Book, 1994, 87), modified guar gum, such as borax modified guar gum (Rubenstein and Gliko-Kabir, S.T.P. Pharma Sciences 5, 41 (1995)), 10 *p*-cyclodextrin (Sie ke *et al.*, Eur. J. Pharm. Biopharm. 40 (suppl.), 335 (1994)), saccharide containing polymers, by which we include a polymeric construct comprising a synthetic oligosaccharide-containing biopolymer, including methacrylic polymers covalently coupled to oligosaccharides such as cellobiose, lactulose, raffinose, and stachyose, or saccharide-containing 15 natural polymers including modified mucopolysaccharides such as cross-linked chondroitin sulfate and metal pectin salts, for example calcium pectate (Sintov and Rubenstein; PCT/US91/03014); methacrylate-galactomannan (Lehmann and Dreher, Proc. Int. Symp. Control. Rel. Bioact. Mater. 18, 331 (1991)), pH-sensitive hydrogels (Kopecek *et al.*, J. 20 Control. Rel. 19, 121 (1992)) and resistant starches, e.g. glassy amylose, that are not broken down by the enzymes in the upper gastrointestinal tract but are degraded by enzymes in the colon.

It will be well understood by those skilled in the art that further excipients 25 may be employed in the compositions according to the invention. For example, further excipients which may be employed include diluents such as microcrystalline cellulose (e.g. Avicel®, FMC), lactose, dicalcium phosphate and starch(es); disintegrants such as microcrystalline cellulose, starch(es) and cross-linked carboxymethylcellulose; lubricants such as

magnesium stearate and stearic acid; granulating agents such as povidone; and release modifiers such as hydroxypropyl methylcellulose and hydroxypropyl cellulose. Suitable quantities of such excipients will depend upon the identity of the active ingredient(s) and particular dosing form which is used.

Appropriate quantities of drug salts which may be employed in the compositions according to the invention will depend upon the agent which is used. However, it will be clear to the skilled person that doses of drug salts can be readily determined non-inventively. Suitable doses for selected drugs in the present invention (e.g. ridogrel) are in the range 1 to 200 mg, preferably 2 to 100 mg and more preferable, 5 to 50 mg.

Compositions according to the invention have been found to have the advantage that they provide an improved release profile in respect of drugs which have a rapidly changing solubility, and therefore an extremely variable dissolution, in the colonic pH range (4.5 to 8.0).

Thus, according to a further aspect of the invention there is provided a method of improving the release profile of a drug with a rapidly changing solubility in the pH range 4.5 to 8.0 which method comprises administering a composition according to the invention to a patient, preferably a human patient.

In view of the advantageous properties of the compositions according to the invention, they are useful in the treatment of conditions such as ulcerative colitis, Crohn's disease, irritable bowel syndrome and/or inflammatory bowel disease, when adapted for delivery to the colonic region.

According to a further aspect of the invention there is provided a method of treatment of ulcerative colitis, Crohn's disease, irritable bowel syndrome and/or inflammatory bowel disease which method comprises administering a composition according to the invention to the colonic region of a patient, 5 preferably a human patient.

### **Brief Description of the Figures**

Figure 1 shows the release of ridogrel at pH 6 and pH 7 from 0.61 to 0.7 10 mm pellets coated with 3.7% Eudragit RS (USP method 2; 37°C).

Figure 2 shows the dissolution of (a) ridogrel and (b) sodium ridogrel at pH 5, 6 and 7.

15 Figure 3 shows the release of ridogrel (as the sodium salt) at pH 5, 6 and 7 from 0.6 to 0.71 mm pellets coated with 19% w/w Eudragit RS (USP method 2; 37°C).

20 Figure 4 shows the release of ridogrel (as the sodium salt) from 1 to 1.18 mm pellets with three levels of Aquacoat coating (USP method 2; 37°C).

Figure 5 shows the release of ridogrel (as the sodium salt) at pH 5, 6 and 7 from 1 to 1.18 mm pellets containing 14% Aquacoat coating (USP method 2; 37°C).

25 Figure 6 shows the dissolution performance of starch capsules containing inner cores comprising sodium ridogrel.

Figure 7 shows the plasma profiles of three colon targeted formulations as determined in a human clinical trial, pharmacoscintigraphy study.

The invention is illustrated, but in no way limited, by the following

5 examples.

**Example 1 (Comparative example)**

**Preparing ridogrel pellets coated with polymethacrylate (Eudragit RS)**

A solution of 20 g of ridogrel (Janssen Pharmaceutica; Belgium) and 2 g of

10 povidone (Kollidon 30) in 250 mL of ethanol was prepared. This solution

was spray-coated onto 400 g of sugar spheres (600-710  $\mu\text{m}$ , NP Pharma,

France) using an Aeromatic STREA-1 coater. The pellets were assayed for

ridogrel content by a spectrophotometric method. To prepare the coating

solution of sustained release polymer, 35 g of talc was first dispersed in 250

15 mL of water and 9 g of triethyl citrate was added. 150 mL of Eudragit

RS30D (Rohm Pharma) was then added to the talc dispersion. 280 g of the

ridogrel-coated pellets were then coated with the Eudragit solution in the

STREA-1 using an inlet temperature of 50°C. 100 mL of solution was

applied to the pellets. The pellets were then dried overnight at 40°C and

20 assayed for ridogrel content using a spectrophotometric method (UV).

The dissolution performance of the pellets was measured using the BP/USP

method 2 (USP23, 1994, page 1791-1793; paddles, 50 rpm) with 900 mL of

either pH 6 or pH 7 phosphate buffer as the test medium. In Figure 1, the

25 dissolution performance of the pellets is shown. Compared to the

performance of the pellets at pH 7, there was a substantial reduction in the

rate of drug release at pH 6. For example, after 4 hours, approximately

24% of the ridogrel had been released at pH 6, compared to 74% at pH 7.

**Example 2****Solubility of ridogrel and sodium ridogrel**

In accordance with the invention, sodium ridogrel was prepared as follows:

- 5           i) 0.1 g of sodium hydroxide was dissolved in 20 mL of water;
- ii) 1.5 g of ridogrel was added to the sodium hydroxide solution to form a suspension;
- iii) the ridogrel suspension was placed into a sonic bath for 10 minutes;
- iv) the suspension was passed through a 0.45  $\mu\text{m}$  membrane filter,
- 10          the filtrate was collected, diluted by adding 20 mL of water, and lyophilised overnight; and
- v) the lyophilised sodium ridogrel was gently milled in a mortar to produce a fine powder.

- 15          Into each of three size 2 hard gelatin capsules was weighed 10 mg of ridogrel. Into another three capsules was weighed 10 mg of the sodium ridogrel lyophilisate. The dissolution of ridogrel and sodium ridogrel into 900 mL of phosphate buffer at pH 5, 6 and 7 was tested (USP apparatus 2, 100 rpm). The dissolution rate of ridogrel (as the parent acid) increased as
- 20          the pH was raised (Figure 2a). In contrast, the rate of dissolution of sodium ridogrel was largely independent of pH (Figure 2b).

Therefore there was a significant reduction in the rate of dissolution of ridogrel as the pH was reduced from 7 to 5, the pH range likely to be encountered in the large intestine. However, in this pH range, the sodium salt of ridogrel had a greatly improved dissolution rate.

**Example 3****Preparation of pellets coated with sodium ridogrel and Eudragit**

Pellets were prepared containing the sodium salt of ridogrel. 20 g of ridogrel was dissolved in approximately 60 mL of 1M sodium hydroxide solution. The solution of sodium ridogrel was adjusted down to pH 8 by adding 0.1M hydrochloric acid and made up to 100 mL with water. 40 g of povidone (Kollidon 30; BASF) was dissolved in 200 mL of water. The povidone solution was added to the ridogrel solution and a precipitate was formed, which was dissolved by adding sodium hydroxide to adjust the solution to pH 8. The povidone/sodium ridogrel solution was applied to 1 kg of sugar spheres (0.6-0.71 mm) using the Aeromatic STREA-1 coater. After coating, the pellets were relatively tacky which could have been due to the hygroscopic nature of the povidone and/or the sodium ridogrel. To remove this tackiness, the pellets were overcoated with a thin layer of HPMC: The HPMC solution was prepared by dissolving 30 g of Methocel® E5 in 600 mL of water and adding 3 g of PEG400 as a plasticiser. The pellets were assayed for ridogrel content.

450 mL of Eudragit coating solution was prepared as follows: 150 mL of Eudragit RS30D, 9 g of triethyl citrate, 35 g of talc, 250 mL of water. The solution was applied to 400 g of sodium ridogrel/povidone/HPMC pellets. The coated pellets were dried overnight at 40°C. The pellets were assayed for ridogrel content.

The dissolution performance of the pellets at pH 5, 6 and 7 is shown in Figure 3. There was a small reduction in the rate of drug release as the pH was decreased. This demonstrated that the rate of release of ridogrel as the sodium salt was largely independent of pH, which was in marked contrast to pellets containing ridogrel as the parent acid (see Figure 1).

**Example 4****Preparation of pellets coated with sodium ridogrel and ethylcellulose**

Pellets were prepared with an ethylcellulose outer layer. A water-based ethylcellulose preparation, Aquacoat® (FMC, Philadelphia), was used in order to eliminate the use of organic solvents in the coating process. Pellets were prepared as follows:

20 g of ridogrel was weighed into a beaker and dissolved in 56 mL of 1M sodium hydroxide solution. 40 g of povidone (Kollidon K30) was weighed into a large beaker and dissolved in 500 mL of water. The ridogrel solution was added to the povidone solution. The pH change resulted in precipitation of ridogrel. Sodium hydroxide solution was added to dissolve the ridogrel. The pH of the solution was adjusted to pH 8 using 0.1M hydrochloric acid and made up to 600 mL with water. 1 kg of sugar spheres (1.00-1.18 mm diameter) were coated with the sodium ridogrel/povidone solution using the Aeromatic STREA-1 coater (inlet temperature was 55°C).

An overcoat of HPMC was applied to the sodium ridogrel/povidone layer. The HPMC solution was prepared by dispersing 20 g of HPMC (Methocel® E5) in 200 mL of hot water. The dispersion was cooled in ice (whilst being stirred) and 2 g of PEG400 was added as a plasticiser. The solution was made up to 400 mL with water. The HPMC solution was applied using the STREA-1 at an inlet temperature of 55°C. The completed pellets were left to dry overnight at room temperature. The Aquacoat mixture was prepared by stirring together 300 mL of Aquacoat and 21.6 g of dibutyl sebacate for 1 hour, followed by the addition of 300 mL of water. 500 g of sodium ridogrel/povidone/HPMC pellets were transferred to the Aeromatic and coated with the Aquacoat mixture (coating temperature

40°C). Pellet samples (20 g) were collected at intermediate points in the coating run, after the application of approximately 300 mL and 450 mL of the coating solution. After coating, the pellet samples were spread into trays and dried overnight at 60°C.

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The dissolution performance of the pellets at pH 7 is shown in Figure 4. The dissolution performance of the pellets containing 14% coating at pH 5, 6 and 7 is shown in Figure 5. Drug release was independent of pH. The release of drug from these samples was complete. This was in contrast to the Eudragit-coated pellets where drug release was incomplete. This was probably due to an interaction between negatively-charged ridogrel ions and positively charged quaternary ammonium groups within Eudragit RS. Hence ethylcellulose is a preferred polymer for use in preparing ridogrel controlled release pellets.

10

#### Example 5

##### Preparation of Formulations for Testing in Human Clinical Trial, Phase 1.

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Pellets were prepared with an ethylcellulose outer layer as the rate controlling membrane. A water based ethylcellulose preparation, Aquacoat® (FMC, Philadelphia) was used. 10 g of ridogrel was weighed into a beaker and dissolved in 28 mL of 1 M sodium hydroxide solution and made up to 100 mL with water. 20 g of povidone (Kollidon K 30) was weighed into a large beaker and dissolved in 200 mL of water. The ridogrel solution was added to the povidone solution. 1M sodium hydroxide solution was added to dissolve the precipitated ridogrel and the pH was adjusted to 8 with 0.1 M hydrochloric acid.

20

25

500 g of sugar pellets (1-1.18 mm in diameter) were coated with the sodium ridogrel/povidone solution using the aromatic STREA-1 coater (inlet temperature 55°C). An overcoat of HPMC was applied to the sodium ridogrel/povidone layer. The HPMC solution was prepared by dispersing 20 g of HPMC (Methocel E5) in 200 mL hot water. The dispersion was cooled in ice (whilst being stirred) and 1 g of PEG 400 was added as a plasticiser and the volume made up to 400 mL with water. The HPMC solution was applied using the STREA - 1 at an inlet temperature of 55°C. The completed pellets were left to dry overnight at room 10 temperature. 30 g of pellets were removed ("immediate release pellets"; A).

15 The Aquacoat mixture was prepared by stirring together 300 mL of Aquacoat and 21.6 g of dibutyl sebacate for 1 hour, followed by the addition of 300 mL of water. About 500 g of sodium ridogrel/povidone/HPMC pellets were transferred to the Aeromatic STREA-1 coater and coated with Aquacoat mixture (coating temperature 45°C). Pellet samples of 35 g were collected after the application of 450 mL ("8 hour release pellets"; B) and after the application of 600 mL ("12 20 hour release pellets"; C) of Aquacoat. After coating the pellet samples were spread into trays and dried overnight at 60°C.

25 The three different pellet samples were filed into starch capsules (Capill) with approximately 425 mg in each capsule. The capsules were coated with a Eudragit solution consisting of Eudragit S100/Eudragit L100 1:3, dibutyl sebacate, talc, isopropanol and water in the Aeromatic STREA - 1 coater. The coating conditions used were drying temperature 25°C, fan speed 6, atomisation pressure 1 bar and application rate 1.5 - 4.0 mL/minute. The weight gain per capsule was 78 mg.

The dissolution performance of the capsules at 37°C for 2 hours in 0.1 M HCl, followed by phosphate buffer, pH 6.8 in a Vankel 6010 dissolution apparatus (baskets rotated at 50 rpm) is shown in Figure 6. (Values are the mean of the two determinations.) The difference in rate of dissolution between the 3 different pellet samples is clearly seen.

### **Example 6**

#### **Phase 1 human clinical trial, pharmacoscintigraphy study**

The clinical trial was a four way crossover study in 8 healthy male volunteers, aged 18-35 years. Three of the doses administered were the colon targeted capsule formulations described in Example 5. These formulations were radiolabelled with a gamma emitting isotope (indium - 111). The fourth formulation was a conventional immediate release tablet, and was not radiolabelled. On each study day, blood samples were collected for ridogrel analysis. Plasma samples were analysed by Janssen Pharmaceutica. Of the capsules dosed, 21 disintegrated at the ileocaecal junction or in the colon and two in the lower small intestine. The plasma ridogrel analysis showed that for all three colon targeted formulations, peak plasma concentrations occurred much later than with the conventional tablet (7.5 h, 12.5 - 13 h as compared with 0.9 h). The maximum plasma ridogrel concentrations were much lower for the colon targeted formulations than of the conventional tablet, and plasma concentrations were sustained for a longer period. Furthermore the maximum plasma concentration for the immediate release, colon targeted formulation was higher than for the sustained release formulations. The plasma profiles for the colon targeted formulations are shown in Figure 7. (Values are the mean for all volunteers, omitting those where the dose was

retained in the stomach. For Formulation A,  $n = 6$ ; Formulation B,  $n = 7$ ; Formulation C,  $n = 8$ .)

**Claims**

1. A controlled release formulation including an inner core comprising, or coated with, a drug, which drug possesses (a) a free acid group which can be converted into an alkali metal salt and (b) a pKa in the range 2.0 to 9.0, which inner core is subsequently coated with a rate-controlling membrane that determines drug release, wherein the drug is present as a salt that displays higher solubility at pH 4.5. to 8.0 than the corresponding compound containing a free acid group.

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2. A composition as claimed in Claim 1 wherein the drug is ridogrel.

3. A composition as claimed in Claim 1 or Claim 2, wherein the rate-controlling membrane comprises a material which forms a water-insoluble but water-permeable layer and from which release of drug is by diffusion through the layer.

4. A composition as claimed in Claim 3, wherein the rate-controlling membrane is formulated from a methacrylate copolymer or ethylcellulose.

20

5. A composition as claimed in Claim 4, wherein the rate-controlling membrane is formulated from ethylcellulose or Eudragit NE30D.

6. A composition as claimed in Claim 5 where the rate-controlling membrane is ethylcellulose.

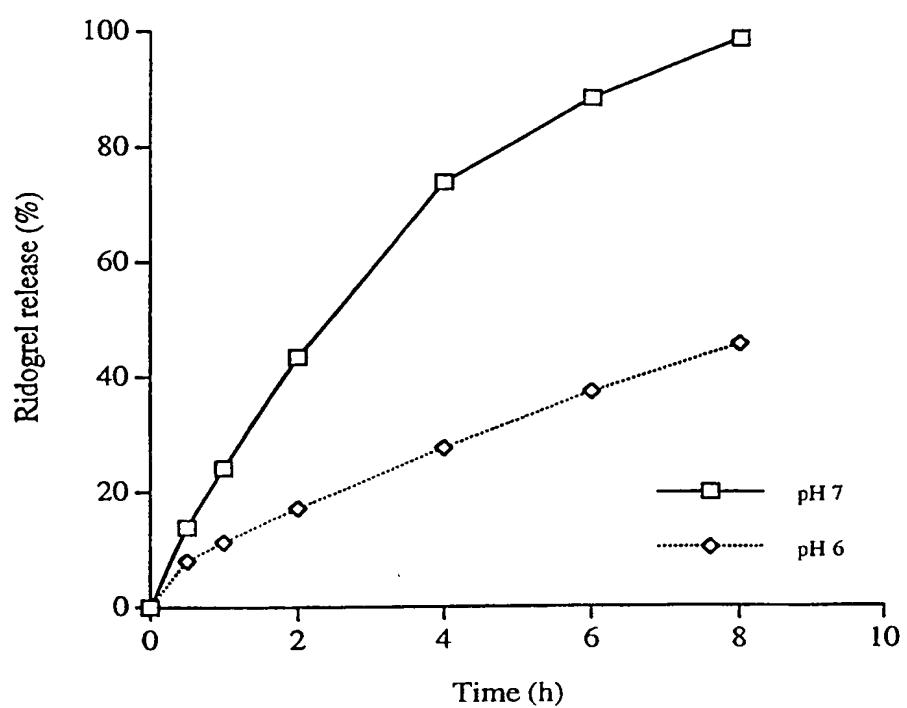
25  
7. A composition as claimed in any one of the preceding claims, wherein the inner core is a sugar sphere.

8. A composition as claimed in any one of the preceding claims, wherein the salt is at least 10 times more soluble than the free acid form of the drug at pH 4.5 to 8.0 at 37°C.
- 5 9. A composition as claimed in any Claim 8, wherein the salt is at least 100 times more soluble than the free acid form of the drug.
10. A composition as claimed in any one of the preceding claims, wherein the salt is an alkali metal salt.
- 10 11. A composition as claimed in Claim 10, wherein the alkali metal is sodium or potassium.
- 15 12. A composition as claimed in any one of the preceding claims which further comprises a means to prevent release of drug until the formulation reaches the colonic region.
- 20 13. A composition as claimed in any one of the preceding claims wherein the pellets are administered in a starch capsule coated with a combination of polymethacrylates that is designed to disintegrate and release the pellets in the terminal ileum or in the colon.
- 25 14. A composition as claimed in any one of the preceding claims wherein the drug is used for the treatment of ulcerative colitis, Crohn's disease, irritable bowel syndrome, inflammatory bowel disease.
15. A process for the preparation of a composition according to any one of the preceding claims which comprises making a salt of the drug and coating said salt onto the inner core.

16. A process as claimed in Claim 15, wherein the salt is prepared as part of a preparation process for the coating of the inner core.
- 5 17. A method of improving the release profile of a drug with a rapidly changing solubility in the pH range 4.5 to 8.0, which comprises administering a composition according any one of Claims 1 to 14 to a patient, preferably a human patient.
- 10 18. The use of a composition according any one of Claims 1 to 14 in the manufacture of a medicament for use in the improved release profile of a drug with a rapidly changing solubility in the pH range 4.5 to 8.0.
- 15 19. A method of treatment of ulcerative colitis, Crohn's disease, irritable bowel syndrome and/or inflammatory bowel disease which method comprises administering a composition according to any one of Claims 1 to 14 to a patient, preferably a human patient.
- 20 20. The use of a composition according any one of Claims 1 to 14 in the manufacture of a medicament for the treatment of ulcerative colitis, Crohn's disease, irritable bowel syndrome and/or inflammatory bowel disease.

1/7

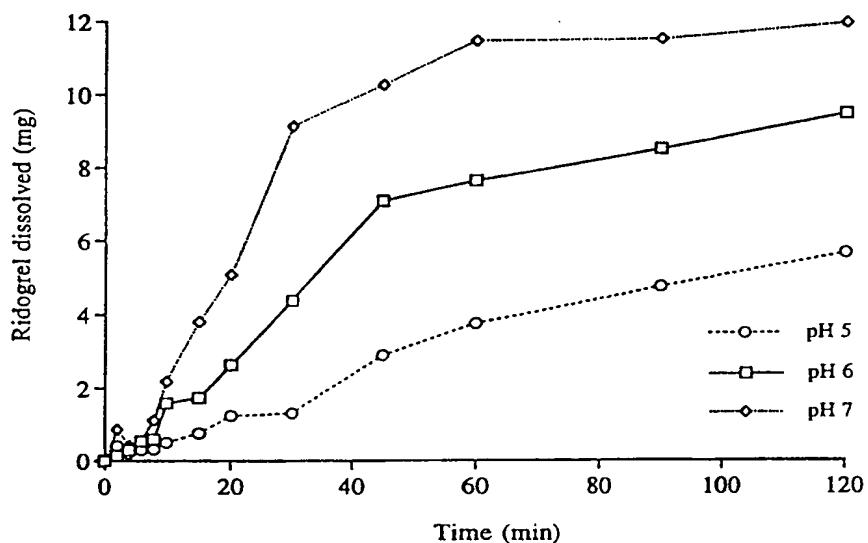
Figure 1



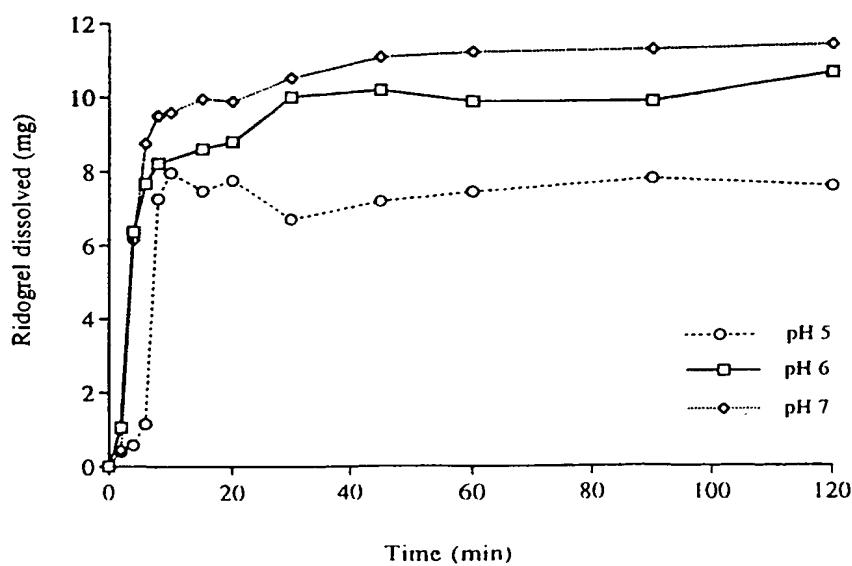
2/7

Figure 2

a)

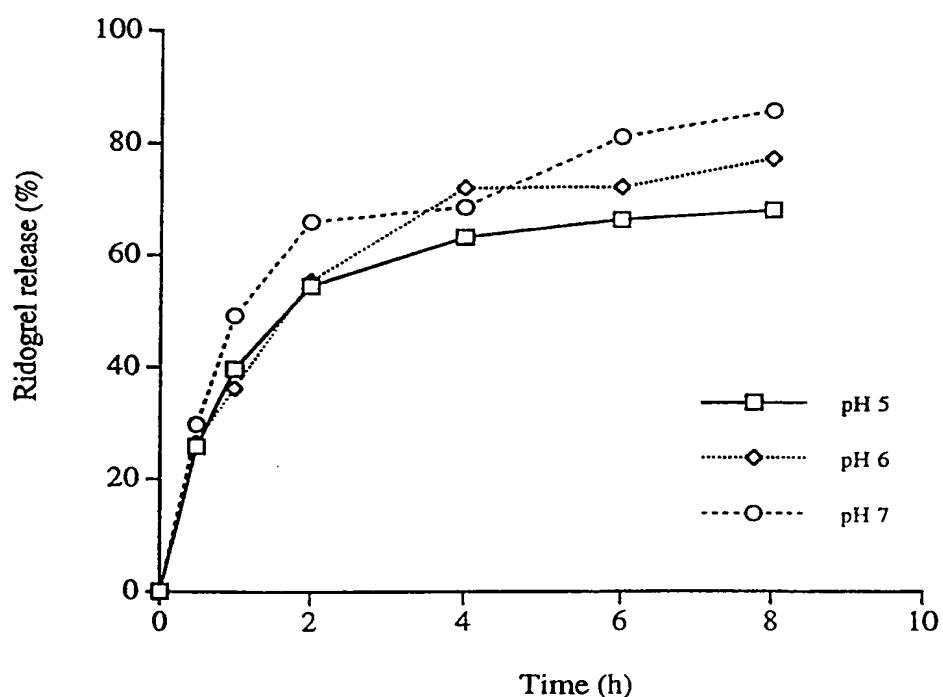


b)



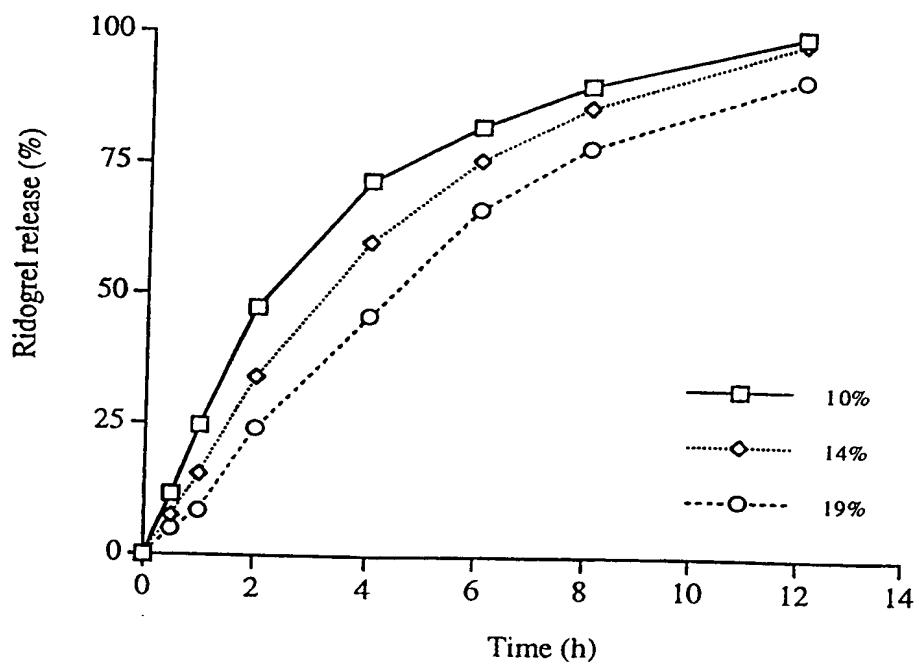
3/7

Figure 3



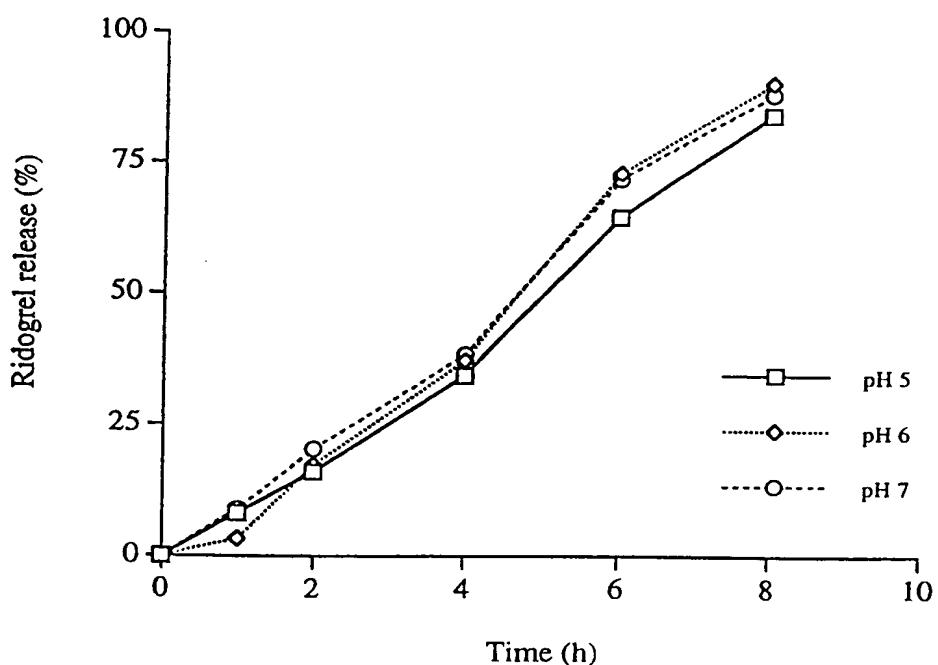
4/7

Figure 4



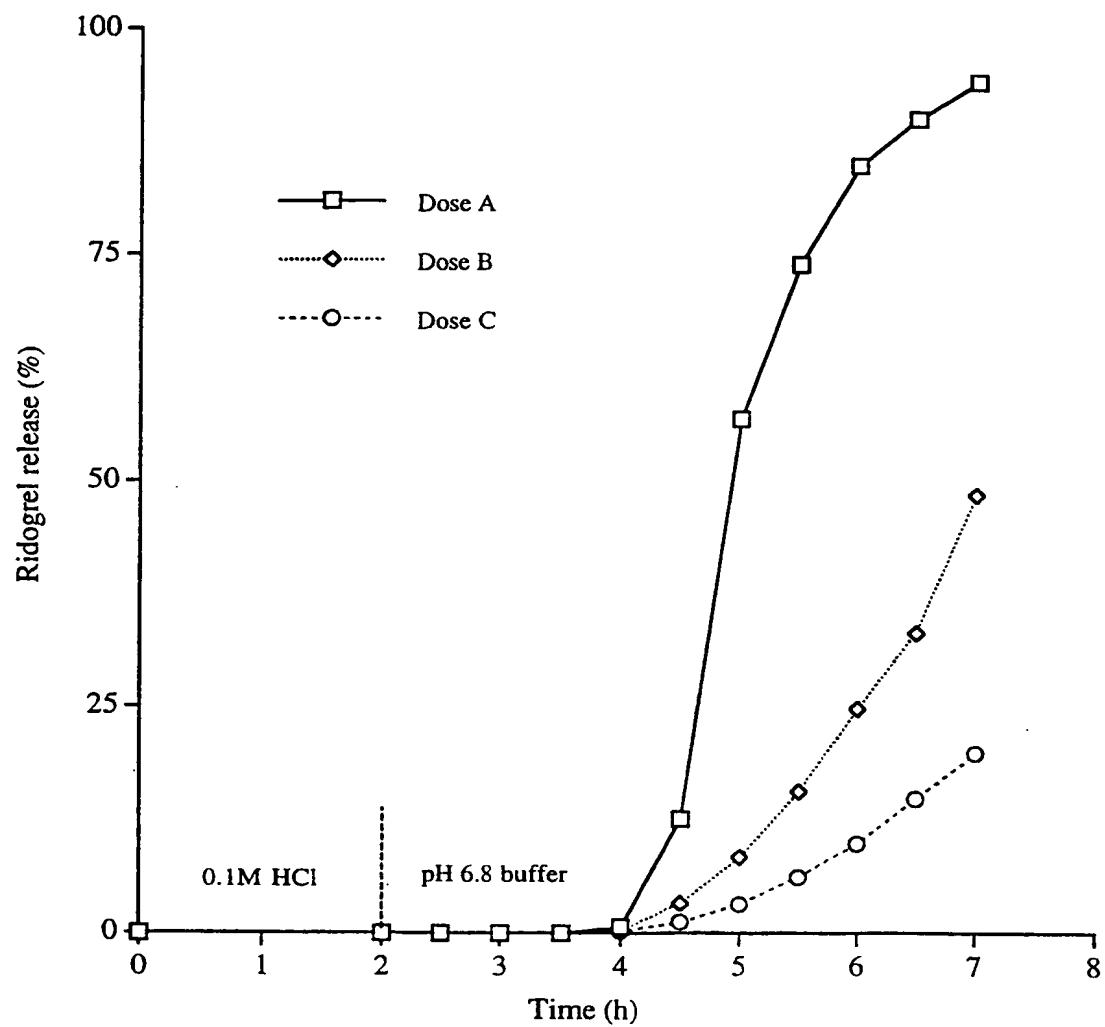
5/7

Figure 5



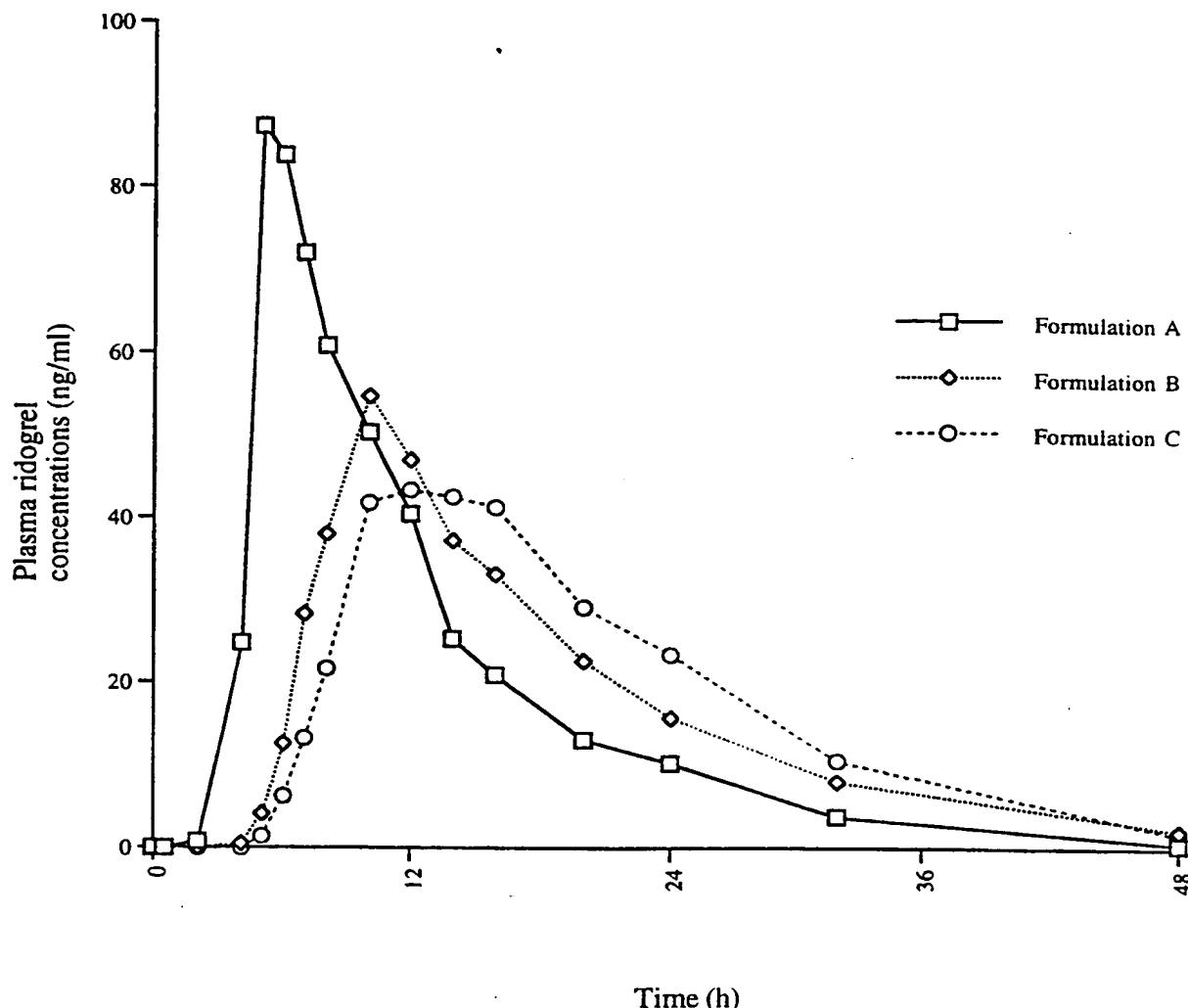
6/7

Figure 6



7/7

Figure 7



## PATENT COOPERATION TREATY

## PCT

## INTERNATIONAL SEARCH REPORT

(PCT Article 18 and Rules 43 and 44)

Applicant's or agent's file reference <b>DANZ/17769PC</b>	<b>FOR FURTHER ACTION</b> see Notification of Transmittal of International Search Report (Form PCT/ISA/220) as well as, where applicable, item 5 below.	
International application No. <b>PCT/GB 97/02726</b>	International filing date (day/month/year) <b>06/10/1997</b>	(Earliest) Priority Date (day/month/year) <b>04/10/1996</b>
Applicant <b>DANBIOSYST UK LIMITED et al.</b>		

This International Search Report has been prepared by this International Searching Authority and is transmitted to the applicant according to Article 18. A copy is being transmitted to the International Bureau.

This International Search Report consists of a total of 5 sheets.  
 It is also accompanied by a copy of each prior art document cited in this report.

1.  Certain claims were found unsearchable (see Box I).
2.  Unity of invention is lacking (see Box II).
3.  The international application contains disclosure of a nucleotide and/or amino acid sequence listing and the international search was carried out on the basis of the sequence listing
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4. With regard to the title,  the text is approved as submitted by the applicant.  
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5. With regard to the abstract,
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6. The figure of the drawings to be published with the abstract is:
 

Figure No. <u>5</u>	<input checked="" type="checkbox"/> as suggested by the applicant.	<input type="checkbox"/> None of the figures.
	<input type="checkbox"/> because the applicant failed to suggest a figure.	
	<input type="checkbox"/> because this figure better characterizes the invention.	

# INTERNATIONAL SEARCH REPORT

International Application No

PCT/GB 97/02726

**A. CLASSIFICATION OF SUBJECT MATTER**  
 IPC 6 A61K9/52 A61K9/48

According to International Patent Classification (IPC) or to both national classification and IPC

**B. FIELDS SEARCHED**

Minimum documentation searched (classification system followed by classification symbols)

IPC 6 A61K

Documentation searched other than minimum documentation to the extent that such documents are included in the fields searched

Electronic data base consulted during the international search (name of data base and, where practical, search terms used)

**C. DOCUMENTS CONSIDERED TO BE RELEVANT**

Category	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
X	EP 0 519 870 A (SPIRIG AG) 23 December 1992  see page 6, line 1 - line 45 ---	1,3-5, 7-12, 14-18
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X	EP 0 365 947 A (PHARMACIA AB) 2 May 1990  see page 5 - page 6; examples 1,2 ---	1,7-9, 15-18  -/-

Further documents are listed in the continuation of box C.

Patent family members are listed in annex.

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1

Date of the actual completion of the international search

26 January 1998

Date of mailing of the international search report

13.02.98

Name and mailing address of the ISA

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## INTERNATIONAL SEARCH REPORT

International Application No

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## C.(Continuation) DOCUMENTS CONSIDERED TO BE RELEVANT

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		NO 974486 A	29-09-97

FURTHER INFORMATION CONTINUED FROM PCT/ISA/ 210

In view of the large number of compounds which are theoretically defined by the expressions "which drug possesses (a) a free acid group which can be converted into an alkali metal salt and (b) a pKa in the range 2.0 to 9.0" and "rate-controlling membrane" in claim 1, the search has been restricted for economic reasons. The search was limited to the general concepts as expressed above, to the compounds cited in the examples and in claims 2,4-6, as well in the description on page 6, lines 3-7, page 7, 1. 26-page 8, 1. 7 and to the relevant IPC classification groups. (PCT Search Guidelines PCT/GL2, Chapter III, 2.1, 3.6, and 3.7 )

## Claims

1. A controlled release formulation including an inner core comprising, or coated with, a drug, which drug possesses (a) a free acid group which can be converted into an alkali metal salt and (b) a pKa in the range 2.0 to 9.0, which inner core is subsequently coated with a rate-controlling membrane that determines drug release, wherein the drug is present as a salt that displays higher solubility at pH 4.5. to 8.0 than the corresponding compound containing a free acid group.

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2. A composition as claimed in Claim 1 wherein the drug is ridogrel.

15 3. A composition as claimed in Claim 1 or Claim 2, wherein the rate-controlling membrane comprises a material which forms a water-insoluble but water-permeable layer and from which release of drug is by diffusion through the layer.

4. A composition as claimed in Claim 3, wherein the rate-controlling membrane is formulated from a methacrylate copolymer or ethylcellulose.

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5. A composition as claimed in Claim 4, wherein the rate-controlling membrane is formulated from ethylcellulose or Eudragit NE30D.

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6. A composition as claimed in Claim 5 where the rate-controlling membrane is ethylcellulose.

7. A composition as claimed in any one of the preceding claims, wherein the inner core is a sugar sphere.

8. A composition as claimed in any one of the preceding claims, wherein the salt is at least 10 times more soluble than the free acid form of the drug at pH 4.5 to 8.0 at 37°C.

5 9. A composition as claimed in any Claim 8, wherein the salt is at least 100 times more soluble than the free acid form of the drug.

10. A composition as claimed in any one of the preceding claims, wherein the salt is an alkali metal salt.

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11. A composition as claimed in Claim 10, wherein the alkali metal is sodium or potassium.

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12. A composition as claimed in any one of the preceding claims which further comprises a means to prevent release of drug until the formulation reaches the colonic region.

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13. A composition as claimed in any one of the preceding claims wherein the pellets are administered in a starch capsule coated with a combination of polymethacrylates that is designed to disintegrate and release the pellets in the terminal ileum or in the colon.

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14. A composition as claimed in any one of the preceding claims wherein the drug is used for the treatment of ulcerative colitis, Crohn's disease, irritable bowel syndrome, inflammatory bowel disease.

15. A process for the preparation of a composition according to any one of the preceding claims which comprises making a salt of the drug and coating said salt onto the inner core.

16. A process as claimed in Claim 15, wherein the salt is prepared as part of a preparation process for the coating of the inner core.
- 5 17. A method of improving the release profile of a drug with a rapidly changing solubility in the pH range 4.5 to 8.0, which comprises administering a composition according any one of Claims 1 to 14 to a patient, preferably a human patient.
- 10 18. The use of a composition according any one of Claims 1 to 14 in the manufacture of a medicament for use in the improved release profile of a drug with a rapidly changing solubility in the pH range 4.5 to 8.0.
- 15 19. A method of treatment of ulcerative colitis, Crohn's disease, irritable bowel syndrome and/or inflammatory bowel disease which method comprises administering a composition according to any one of Claims 1 to 14 to a patient, preferably a human patient.
- 20 20. The use of a composition according any one of Claims 1 to 14 in the manufacture of a medicament for the treatment of ulcerative colitis, Crohn's disease, irritable bowel syndrome and/or inflammatory bowel disease.

## PATENT COOPERATION TREATY

PCT

REC'D 17 FEB 1999

## INTERNATIONAL PRELIMINARY EXAMINATION REPORT

PCT

(PCT Article 36 and Rule 70)

Applicant's or agent's file reference <b>DANZ/17769PC</b>	<b>FOR FURTHER ACTION</b>	See Notification of Transmittal of International Preliminary Examination Report (Form PCT/IPEA/416)
International application No. <b>PCT/ GB 97/ 02726</b>	International filing date (day/month/year) <b>06/10/1997</b>	Priority date (day/month/year) <b>04/10/1996</b>
International Patent Classification (IPC) or national classification and IPC <b>A61K9/52</b>		
Applicant <b>DANBIOSYST UK LIMITED et al.</b>		

1. This international preliminary examination report has been prepared by this International Preliminary Examining Authority and is transmitted to the applicant according to Article 36.

2. This REPORT consists of a total of 6 sheets, including this cover sheet.

This report is also accompanied by ANNEXES, i.e., sheets of the description, claims and/or drawings which have been amended and are the basis for this report and/or sheets containing rectifications made before this Authority (see Rule 70.16 and Section 607 of the Administrative Instructions under the PCT).

These annexes consists of a total of 2 sheets.

3. This report contains indications and corresponding pages relating to the following items:

- I  Basis of the report
- II  Priority
- III  Non-establishment of opinion with regard to novelty, inventive step and industrial applicability
- IV  Lack of unity of invention
- V  Reasoned statement under Article 35(2) with regard to novelty, inventive step or industrial applicability; citations and explanations supporting such statement
- VI  Certain documents cited
- VII  Certain defects in the international application
- VIII  Certain observations on the international application

Date of submission of the demand <b>29/04/1998</b>	Date of completion of this report <b>09.02.99</b>
Name and mailing address of the IPEA/   <b>European Patent Office, P.B. 5818 Patentlaan 2 NL-2280 HV Rijswijk - Netherlands Tel.: (+ 31-70) 340-2040, Tx. 31 651 epo nl Fax: (+ 31-70) 340-3016</b>	Authorized officer   <b>Boudewijn D.J.M. 02548</b> Telephone No. <b>(+31-70-340-33-73)</b>

**INTERNATIONAL PRELIMINARY EXAMINATION REPORT**

International application No.

PCT/GB97/02726

**I. Basis of the report**

1. This report has been drawn up on the basis of (*Replacement sheets which have been furnished to the receiving Office in response to an invitation under Article 14 are referred to in this report as "originally filed" and are not annexed to the report since they do not contain amendments.*)

the international application as originally filed

the description. pages 1-21 as originally filed  
pages filed with the demand  
pages filed with the letter of

the claims. Nos. as originally filed  
Nos. as amended under Article 19  
Nos. filed with the demand  
Nos. 1-20 filed with the letter of 16/12/98

the drawings. sheets / fig. 1/7-7/7 as originally filed  
sheets / fig. filed with the demand  
sheets / fig. filed with the letter of

2. The amendments have resulted in the cancellation of:

the description, pages:  
 the claims, Nos.  
 the drawings, sheets / fig.

3.  This report has been established as if (some of) the amendments had not been made, since they have been considered to go beyond the disclosure as filed (Rule 70.2 (c)).

4. Additional observations, if necessary:

V. **Reasoned statement under Article 35(2) with regard to novelty, inventive step or industrial applicability; citations and explanations supporting such statement**

1. Statement

Novelty	Claims	2,3,13,19,20	YES
	Claims	1, 4-12,14-18	
Inventive Step	Claims	2,3,13,19-20	YES
	Claims	1,4-12,14-18	
Industrial Applicability	Claims	1-13, 14*, 15-18, 19*,20*	YES
	Claims		

2. Citations and Explanations

\* see point 4. below

1. Reference is made to the following documents:

D1: EP-A-221601 ( cited in the application: US-A-4963573 )  
 D2: EP-A-519870  
 D3: EP-A-365947  
 D4: EP-A-640337  
 D5: EP-A-572942  
 D6: WO-A-9201457  
 D7: WO-A-9214452  
 D8: WO-A-9535100 ( cited in the application )

3. The present application does not satisfy the criterion set forth in Article 33(2) PCT because the subject-matter of claims 1,4-12,14,15,16,17,18 is not new in respect of prior art as defined in the regulations ( Rule 64(1)-(3) PCT ).

The document D2 relates to neutral pellets coated with an acidic drug, and with a rate-controlling membrane, which can be a polymethacrylate or an ethylcellulose polymer, like Surelease (TM) ( see D2, page 6, lines 1-45; page 4, l. 16-24; page 6, l. 1-42 ). These pellet are coated with an outer enteric coating, and are filled in capsules which means that the compositions disclosed in D2 are adapted to prevent release of drug until the composition reaches the terminal ileum or the colon: the present application indeed also includes the possibility to coat the pellet with an enteric coating for making a colonic delivery system ( see the present application, page 9, lines 11-12 ). It is therefore not possible to differentiate the compositions

disclosed in D2 from the claimed compositions, even if a colonic delivery is not mentionned in D2.

All the compounds used to make the galenic form disclosed in D2 are indeed similar to the compounds used in the present application. ( see for instance the description of the present application, page 6, lines 10,11; page 7, line 26- page 8, line 7; page 9, line 11-24 ) . It is clear that the same compounds implicitly and logically provide the same effect. Consequently, the subject-matter of claims 1,4-12,14,15,16,17,18 is not new over D2 ( Article 33(2) PCT ).

3. The subject-matter of dependent claims 2,3 and 13 and of independent claims 19 and 20 meets the requirements of Article 33(2) and 33(3) PCT because it is new and involves an inventive step.

Document D8 suggests to make a colonic delivery form of "a thromboxane synthase A2 inhibitor or a thromboxane A2/prostaglandin endoperoxide receptor antagonist", like ridogrel, by encapsulating it in a capsule coated with an enteric polymer ( see D8, page 8, line 21-22; the examples ).

This document neither discloses nor suggests the formation of a salt of the active, or to make a release controlling layer over the active. The effect provided by the difference is a better release profile of the active agent, namely a good distribution throughout the colon and a constant and predictable release. Consequently, the subject-matter of dependent claims 2,3,13 and independent claims 19 and 20 is inventive over D8 ( Article 33(3) PCT ).

4. For the assessment of the present claims 14, 19, 20 on the question whether they are industrially applicable, no unified criteria exist in the PCT. The patentability can also be dependent upon the formulation of the claims. The EPO, for example, does not recognize as industrially applicable the subject-matter of claims to the use of a compound in medical treatment, but may allow, however, claims to a known compound for first use in medical treatment and the use of such a compound for the manufacture of a medicament for a new medical treatment.

**VII. Certain defects in the international application**

The following defects in the form or contents of the international application have been noted:

1. Contrary to the requirements of Rule 5.1(a)(ii) PCT, the relevant background art disclosed in the documents D2, D4, D5, and D7 is not mentioned in the description, nor are these documents identified therein.
2. The statement page14 lines 4-5 is obviously irrelevant and unnecessary, contrary to Rule 5(1)(a)(v) PCT.

**VIII. Certain observations on the international application**

The following observations on the clarity of the claims, description, and drawings or on the question whether the claims are fully supported by the description, are made:

1. Claim 1 does not meet the requirements of Article 6 PCT in that the matter for which protection is sought is not clearly defined. The claim attempts to define the subject-matter in terms of the result to be achieved through the expression "and wherein the composition is adapted to prevent release of drug until the composition reaches the terminal ileum or the colon", which merely amounts to a statement of the underlying problem.

The expression "and wherein the composition is adapted to prevent release of drug until the composition reaches the terminal ileum or the colon" used in claim 1 is indeed vague and unclear and leaves the reader in doubt as to the meaning of the technical features to which it refers, thereby rendering the definition of the subject-matter of said claims unclear (Article 6 PCT).

Moreover, the description of the present application discloses only two different kind of compositions which could reach the colonic region, namely a coated tablet, and a coated starch capsule ( see the description of the present application, p. 7, l. 3-4; p. 8, l. 24- p. 10, l. 15 ). Claim 1 does therefore lack of support, contrary to Article 6 PCT.

2. It is clear from the description that the following features are essential to the definition of the invention, namely that the composition should be in a tablet or capsule coated form to reach the colonic region ( see the description of the present application, p. 7, l. 3-4; p. 8, l. 24- p. 10, l. 15 )

Since independent claim 1 does not contain this feature it does not meet the requirement following from Article 6 PCT taken in combination with Rule 6.3(b) PCT that any independent claim must contain all the technical features essential to the definition of the invention.

3. A compound cannot be sufficiently characterised by its pharmacological profile or its mode of action as it is done by an expression like "thromboxane synthase A2 inhibitor or a thromboxane A2/prostaglandin endoperoxide receptor antagonist". This definition is vague and renders thus the scope of claim 2 obscure ( Article 6 PCT ).

4. The term "Eudragit" employed in claim 5 and appearing to be a registered trade mark has no precise meaning as it is not internationally accepted as a standard descriptive term, thereby rendering the definition of the subject-matter of this claim 5 unclear (Article 6 PCT).